

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) D/A0839 (1508/3220)				
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____	In re Application of Eric Allan Bier <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Application Number 09/731,912</td> <td style="width: 40%; border: none; text-align: right;">Filed 12/8/2000</td> </tr> </table> <hr/> For SYSTEMS AND METHODS FOR EDITING A WEB PAGE <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Group Art Unit 2176</td> <td style="width: 40%; border: none; text-align: right;">Examiner Chau T. Nguyen</td> </tr> </table>		Application Number 09/731,912	Filed 12/8/2000	Group Art Unit 2176	Examiner Chau T. Nguyen
Application Number 09/731,912	Filed 12/8/2000					
Group Art Unit 2176	Examiner Chau T. Nguyen					

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130)	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490)	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110)	\$ <u>1,110</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730)	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350)	\$ _____

☐ Applicant claims small entity status.
☐ A check to cover the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 141138. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record.
☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.

_____ /Gunnar G. Leinberg/ Signature	_____ September 2, 2009 Date
_____ Gunnar G. Leinberg Typed or printed name	_____ (585) 263-1014 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input type="checkbox"/> Total of _____ forms are submitted.
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SEND TO: Commissioner for Patents
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